Illinois Department of Revenue CMFT-2 Multiple-Site Form (Attach to Form CMFT-1)

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F	o	r	r	Υ	1

IBT no.:	Liability period:				- "-	
					Do n	ot write above this line.
Owner's name						0-1
Pusinoss namo		Column A Number of tax				Column B Amount of tax
	s to whole dollars. See instructions.	Number of tax	able gallons			Amount of tax
Site where the taxable retain						
Location code		(4)	X	=	(5)	
0:4		()			` '	
Site address						
au						
Location code		(4)	X	=	(5)	
0:4		(/			(-)	
0:4						
		(4)	X	=	(5)	
Location code		(4)	X	=	(5)	
Site name		()			` ,	
Site address						
Location code		(4)	V		<i>(E</i>)	
		(4)	X	=	(5)	
Site name Site address						
City state 7ID						
City, state, ZIP						
Location code		(4)	X	=	(5)	
Site name						
Site address						
City, state, ZIP						
Column totals (See instruc	ctions for multiple pages.)		 .			
		Write the to				Vrite the total of this
		column on			C	column on Line 5 of
		Form Cl	VI⊢ I -1.			Form CMFT-1.

This form is authorized by the County Motor Fuel Tax law. Disclosure of this information is REQUIRED. Failure to provide information could result in penalty. This form has been approved by the Forms Management Center.